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## APPLICANTS

John E. Kast, Hugo, MN;

Andrew J. Ries, Lino Lakes, MN;

Kelly Grimes, Minneapolis, MN;

\*\* CONTINUING DATA \*\*\*\*\* *none*\*\* FOREIGN APPLICATIONS \*\*\*\*\* *none*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MN	SHEETS DRAWING 7	TOTAL CLAIMS 44	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged Examiner's Signature _____ Initials _____			

## ADDRESS

27581

MEDTRONIC, INC.

710 MEDTRONIC PARKWAY NE

MS-LC340

MINNEAPOLIS, MN

55432-5604

## TITLE

In-line lead header for an implantable medical device

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